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Bib Data Sheet

CONFIRMATION NO. 2485

<b>SERIAL NUMBER</b> 10/730,423	<b>FILING OR 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1671-0279	
<b>APPLICANTS</b> Janine M. Orban, Warsaw, IN; Herbert E. Schwartz, Fort Wayne, IN; Nathaniel W. Grobe, Warsaw, IN;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/09/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27777					
<b>TITLE</b> IMPLANT DEVICE FOR CARTILAGE REGENERATION IN LOAD BEARING ARTICULATION REGIONS					
<b>FILING FEE RECEIVED</b> 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		